1. PLACE OF DEATH

FOR BINDING

RGIN RESERVED

V. S. No.

| | | 1 | | |
|-----|---|---|---|-------|
| 600 | - | 0 | 4 | l-may |
| U | | 4 | 1 | 1 |
| U | U | 4 | 1 | |

| Registration Dist. No. | 286 |
|--|------------------------|
| No. 77 | St., Ward |
| f death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution, give its NAME instead of the death occurred in a horpital or institution in the death occurred in the death occurre | |
| | mos,us, |
| annes | |
| St., Ward. If nonresident give city of | or town and State |
| MEDICAL CERTIFICATE OF D | EATH |
| 21. DATE OF DEATH | |
| (Month) (Day | , 193 (Year) |
| 22. HEREBY CERTIFY, That | |
| 5 - 1 - ,193 4, to 5 - | |
| I lost saw h alive on | , 1924_; death is said |
| to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of impo | rtomon |
| were at follows: | 1 4- |
| Chiquie weeste | |
| hypurts | 1934 |
| | |
| | |
| Other Contributory Causes of importance: | |
| acul | |
| foundity | mel |
| | |
| Name of operation | Dete of |
| What test confirmed diagnosis? Wa | s there en autopsy? |
| 23. If death was due to external ceuses (ViOLENCE) fill in also t | he following: |
| Accident, suicide, or homicide? Date of inj | ury, 19 |
| Where did injury occur? (Specify city or town, cou | inty and State) |
| (Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in | PUBLIC PLACE. |
| Manner of Injury | |
| Neture of injury | |
| 24. Wes disease or injury in any way related to occupetion of de | eceesed? un |
| If so, specify alu | |
| (Signed) I LAA W. alu | M, D. |
| (Address) aslul | 110 |

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerasis | 1915 | Attack of epilepsy | 1 week ago |
| Chranic interstitial nephritis | 1921 | Run over by street car | 1 week ano |
| Cerebral hemarrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREALLY | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE | OF MARYLAND— | CERTIFICATE OF DEATH | 0218 |
|---|---|---|------------------|
| 1. PLACE OF DEATH | , | 70-20 | 0-1 |
| County 1. Mule | 4/ | Registration Dist. No. | 87 |
| Village or City// low | redround | No. St., f death occurred in a hospital or institution, give its NAME instead of street and | Ward |
| Length of residence in ty or toy w | | s | |
| 2. FULL NAME A CO | 4 Nauch | | |
| (a) Residence No. | Laures Ala | Vst_ Ward. | |
| | (Usual place of abode) | If nonresident give city or town ar | d State |
| | ISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX ON 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH MON ROY ROY (Day) | ., 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | | 1 HEREBY CERTIFY, Thet I ettende | d doesnesd from |
| (or) WIFE of | 0 | mar 21 1934 to king 23 | 19 3 C |
| 6. DATE OF BIRTH (month, day, and year) | am. 1, 1932 | 0 2 3 - 1 3 | e; death is said |
| 7. AGE Yeers Month | | to have occurred on the date stated above, at 1430 Pm. | |
| 2 1 | 75 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: | 10. (|
| 8. Trede, profession, or particular kind of work done, es SPINNER | | 007 | Data of onset |
| SAWYER, BOOKKEEPER, etc 9. Industry or business in which | | Justura Vuluman | 15/17/3 |
| work wes done, as SILK MILL, SAW MILL, BANK, etc. | | | /// |
| Kind of work done, es SPINNER SAWYER, BOOKKEPER, etc | 11. Totel time (years) spent in this | | |
| year) | occupation | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) | d | | |
| (State or country) | | | |
| 13. NAME 114. BIRTHPLACE (city or town) | 20 de la company | | |
| 14. BIRTHPLACE (city or town) | | Name of operation Dete of. | |
| □ (Stete or country) | 02.00 | What test confirmed diagnosis? Was there en | autopsy? |
| 15. MAIDEN NAME (B) | nil | 23. If death was due to external causes (VIOLENCE) fill in also the following | - |
| O 16. BIRTHPLACE (city or town) (State or country) | 100 | Accident, suicide, or homicide? Date of injury | , 19 |
| About of country) | 1 Parel | Where did Injury occur?(Specify city or town, county and St. | ate) |
| 17. INFORMANT (Address) | 1 21011 | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P | LACE. |
| 18. BURIAL, CREMATION OR REMOVAL | 01 | Manner of Injury | |
| Place H. Mehl | Us Date 3/26 1934 | Nature of injury | |
| letter (de m | 10000 | 24. Was disease or injury In any way related to occupation of deceased? | 920 |
| 19. UNDERTAKED | lacatton. | If so, specify | 4 |
| 10 SUED 5/25 SU | B | (Signed) Raylle U. Cauca | ery, |
| 20. FILED 4.5 , 1934 | Registrar. | (Address) Xloceaed fore | n lu |
| If: | more blanks are needed, address State Registrar | 2477 N. Charles Street Baltimore Down W. C. N. | |

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| . ii | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 Julyő,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Julyo,1927 Perilonitis Other contributory causes of importance: |

V. S. No. 1

| , | infor- | state | UPA- | - |
|----------------------------|---|--|--|---|
| 0 | N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
| | ery it | ANS | ent of | |
| | ED. EV | 'SICI' | statem | |
| | ECOF | PH | xact | |
| 5 | ENT | LLY. | ed. E | |
| NON | MANI | LACT | lassifie | |
| K BII | A PER | ed E | erly c | , |
| F.O. | SIS | state | prop | |
| KVEL | THI - | onld be | nay be | |
| EXE | INK | E she | at it r | , |
| Y Z | DING | d. A0 | , so th | |
| ARGIN RESERVED FOR BINDING | UNFA | upplie | terms | |
| | VITH | fully s | ı plain | 2 |
| | ILY, 1 | e care | VTH in | |
| 1 | PLAIN | onld b | F DE | • |
| 1 | RITE | ion sh | SE O | |
| V. W. No. 1 | SWI | mat | CAL | |
| 2 | Z. E | | (| 1 |

| 1. | PLACE OF DEATH | 92-0 | |
|------------|--|--|--|
| | County Ista filling | Registration Dist. No. | |
| | Village or City / / / / / / / / / / / / / / / / / / / | No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number) | |
| | | ds. How long In U.S. if of foraign birth?yrsmos | |
| 2. | FULL NAME XIMES VILLIAM 12 MININGS | | |
| | (a) Residence: No. PY & ASIAMA DAME! | St., Ward. | |
| Me disabos | (Usual place of abode) | If nonresident give city or town and State | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3,5 | 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Oay) (Year) | |
| 5a. 1 | f marriad, widowed, or divorced HUSBAND of | | |
| | (or) WIFE of Y CAM YOUR INMINUSM | 22. I HEREBY CERTIFY, That I attended decassed from | |
| e D | ATT OF DIE Sel. Marchi 19545 | I last sawh aliva on MANAN 1934 death is sa | |
| 7. A | ATE OF BIRTH (month, day, and year) | to have occurred on tha date stated above, atm, | |
| | 9 H 10 3 _ 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance | |
| | 8. Trade, profassion, or particular | wera as follows: | |
| 0 | kind of work done, as SPINNER, Tarmer SAWYER, BOOKKEEPER, etc. | Commune Lond AD BARTELLA | |
| OCCUPATION | 9. Industry or business in which | CANARO SMINISTERIM 1909 | |
| 2 | work was dona, as SILK MILL, SAW MILL, BANK, etc | | |
| ŏ | 10. Date deceased last worked at this occupation (month and 1924) year) 11. Total time (years) spent in this pocupation by pocupation by pocupation with a pocupation by | 00 | |
| 1.0 | What will all the | Othar Contributory Causes of Importance: | |
| 12. | (State or country) | | |
| ER | January 10/2 22 11-01511-1 | - UNINDURNIA 1900 | |
| 뷥 | 13. NAME YOUNG STANDARD STANDA | | |
| FATH | 14. BIRTHPLACE (city or town) I file the first that | Nama of operation Date of | |
| 2 | 15. MAIDEN NAME MARMANAM | What test confirmed diagnosis? | |
| 티 | | 23. If daath was due to extarnal causes (VIOL ENCE) fill in also the following: | |
| Q W | 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? | |
| 17. 1 | NFORMANT MANY DE DUMMANAMAN (Addrass) | Whare did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. [| BURIAL, CREMATION, OR REMOVAL | Mannar of Injury | |
| | Place of a Date Date 184 7 1954 | Nature of injury | |
| 19, (| JNOERTAKER WINDLE 13 - KANNET (Addrass) W. L. | 24. Was disease or Injury in any way related to occupation of dacaased? | |
| 20. [| FILEO May 6, 1934 A.B. Jelysm. Registrar. | (Signed) (A. C. F.) MANNAM M. (Addrass) M. | |

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

See instructions on back of certificate.

mation should be carefully supplied.

TION is very important.

| | Ever |
|----------------------|--|
| • | RECORD, Ever. PHYSICIAN |
| BINDING | PERMANENT EXACTLY |
| FOR | IS A |
| RESERVED FOR BINDING | G INK—THIS IS A PERMANENT RECORD. Ever. GE should be stated EXACTLY. PHYSICIAN |

| 1 | L PLACE OF DEATH 7 | MAKI LAND | CERTIFICATE OF BEATT | |
|-------------|--|--|---|------------------|
| | County St. Mure | 10 - | Registration Dist. No. | -82 |
| | Village or City Comb | los | No. St | Ward |
| | Length of residence in city or town where de | eath occurred yrs (life | death occurred in a horpital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth?yrs. | |
| 2 | FULL NAME / Jeffe | an I cu | us | |
| | (a) Residence: No. | (Usual piace of abode) | St., Ward. If nonresident give city or town a | nd State |
| [Darwell 19 | PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surjete the word) | 21. DATE OF DEATH May 30 | ., 193 |
| 5a. | If merried, widowed, or divorced HUSBAND of | 9 | (Month) (Dey) | (Yeer) |
| | (or) WIFE of At mand | Daves | 22. I HEREBY CERTIFY. Thet I attende | d deceesed from |
| 6. | DATE OF BIRTH (month, day, and yeer) | 19me 1887 | I lest sewh ex elive on Phy 1 1936 | 4: death is said |
| 7 | AGE Years Months | Days if LESS than | to have occurred on the date stated ebove, atm. | |
| _ | 46 11 | 1 dey,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: | Date of onset |
| NO | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 2 | | Dats of ouset |
| OCCUPATION | 9. industry or business in which | ///pe- | | |
| D. | work wes done, as SILK MILL, SAW MILL, BANK, etc | | 1-15- | |
| 00 | Data deceased last worked et this occupetion (month and yeer) | 11. Total time (years) spent in this occupetion | | |
| 12. | BIRTHPLACE (city or town) | D | Other Contributory Causes of importence: | |
| _ | (State or country) | 4 | | |
| FATHER | 13. NAME LO Ha | y me | $\sim \varphi \rho \Omega$ | |
| ATI | 14. BIRTHPLACE (city or town) | 4-4 | Neme of operation T. C. Character Date of | |
| | (State or country) | 0 | What test confirmed diagnosis? | eutopsy? |
| MOTHER | 15. MAIDEN NAME Veleus | V gass | 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the followi | ng: |
| 101 | 16. BIRTHPLACE (city or town) | 2, | Accident, sulcide, or homicide? Dete of injury | , 19 |
| - | (State or country) | No 1 | Where did injury occur? (Specify city or town, county and St | |
| 17. | INFORMANT (Address) | Mallyly | Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P | LACE. |
| 18. | BURIAL, CREMATION, OR REMOVAL | | Menner of injury | |
| | Place Of an down | Date fmll 1-, 19.34 | Neture of injury | |
| 19. | UNDERTAKER MA CU MIL | rallingly - | 24. Wes disease or Injury in eny way releted to occupetion of deceased?. | |
| | a de la constante de la consta | P. 11011 | If so, specify | |
| 20. | FILED 1900 1, 19 34 | Registrar. | (Signed) (Address) | M.D. |
| | | Acgistrar. | " (nodiess) - L | + 6000 |

STATE OF MADVI AND CEPTIFICATE OF DEATH 05990

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| REC | SIVE | | | |
| Other contributory causes of importance: | 3-1934 | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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V. S. No. 1

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| HIM II CASS | | | |
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| | | | |
| | | | |

| M | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | , |
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| | y ite | S | jo 1 | |
| | RD. Every | YSICIAN | statement | |
| | RECOI | Y. PH. | Exact | |
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| RGIN RESERVED FOR BINDING | RMAN | XAC | classifi | |
| (B) | PE | d E | rly | cate. |
| FOR | IS A | state | prope | TION is very important. See instructions on back of certificate. |
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| STATE OF MARYLA | AND—CERTIFICATE OF DEATH 05222 |
|--|--|
| Mallen | 97) |
| County of Many | Registration Dist. No. 🗸 💍 |
| Village or City Mally word | No. St., |
| Length of residence in city or town where death occurred ver | (If death occurred in a horpital or institution, give its NAME instead of street and number smosds. How long in U.S. if of foreign birth?yrsmos |
| 101010 | syrsyrsyrsyrs |
| 2. FULL NAME CONTRACTOR | |
| (a) Residence: No. Kally wo | St., Ward. |
| PERSONAL AND STATISTICAL PARTICUL | The state of the s |
| 3. SEX 4. 20LOR OR RACE 5. SINGLE, MARRIED, 1 | |
| On O OR DIVORCED will | te the word) |
| | (Month) (Day) (Y |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That Tenended decease |
| Colombia Celles Acting | , 19, to |
| 6. DATE OF BIRTH (month, day, and year) Musicus | I last saw halive on |
| | f LESS than to have occurred on the date stated above, at 10 15 h. |
| VI A | ly,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 9 Trade profession or particular | min. were as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| 9. Industry or business in which | Lewell - |
| DIX CAN MILE DANK -1- | suuruy |
| 11. Total time (ye this occupetion (month and spent in the | Paris) Octanio relevous. Dovation ton years. |
| year) occupation | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| (State or country) | 44 1 |
| 13. NAME Lee Blevards | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Quekeroco | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| 16. BIRTHPLACE (city or town) (State of country) | Where did injury occur? |
| Lange Change & | (Specify city or town, county and State) |
| 17. INFORMANT CLUE CALL CALL | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, OR MATION, OF REMOVAL | D a Manner at Injury |
| Place of Music Date 7 | Menner of injury |
| Litrus Co Chiarin | Nature of injury |
| 19. UNDERTAKER (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 1- 34 1 | If so, specify |
| 20. FILED / 5 , 19 4 Warral | is (Signed) / (Valle C. Busales) |
| | Registrar. (Address) Ald-Clare Of Town |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Example II | | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

| N. B.—WRIT | VINLY, V be caref DEATH in | VITH 1 fully su | JNFADIN pplied. A | KESEL G INK- GE sho that it n | THIS and pe | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. |
|------------|----------------------------------|-----------------|----------------------|--|-------------|---|
|------------|----------------------------------|-----------------|----------------------|--|-------------|---|

| STATE OF | MARYLAND- | CERTIFICATE OF DEATH 05223 |
|---|---------------------------|--|
| 1. PLACE OF DEATH | | 9 |
| Village or City Lev Market | of a | Registration Dist. No. |
| Village of City Control | esound of all | No. St., Ward I death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death oc | curredyrsmos | sds. How long in U.S. If of foreign birth?yrsmosds |
| 2. FULL NAME FLORGE | Mouson | Cerons |
| (a) Residence: No. Let nan | dlown | St., Ward. |
| PERSONAL AND STATISTICAL | Usual place of abode) | Il nonresident give city or town and State |
| | IGLE, MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| | DIVORCED (write the word) | 17/ay /3' 1934 |
| 5a. If married, widowed, or divorced | singu | (Month) (Day) (Year) |
| HUSBAND of Oringle | | 22. A ! HEREBY CERTIFY That I attended decessed from |
| 97.4 | 20.1000 | 19.54 to 19.64 19.54 |
| 6. DATE OF BIRTH (month, day, end year) / 1.65 | Days If LESS then | l lest sew hand alive on the date stated above, at the Am |
| / 8 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related ceuses of importance |
| 8. Trade, profession, or particular | l ormin. | were as follows: Pate of once |
| kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. | one | I and Elision. |
| 9/Industry or business In which work was done, as SILK MILL, | 61 | Pleasing with Ethings on - May 9 |
| kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et | 11. Totel time (years) | |
| this occupetion (month and yeer) | spent in this occupation | |
| 12. BIRTHPLACE (city or town) Lity an | dtom | Other Coutributory Causes of Importance: |
| (State or country) And | V-VV-V-6-6-6-4 | |
| 13. NAME That Syang 14. BIRTHPLACE (city or town) | | ; |
| 14. BIRTHPLACE (city or town) | arya ev | Neme of operation Dete of |
| (State or country) | 1 | What test confirmed diagnosis? Exerns year fine Was there en eutopsy? Me |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | urliz. | 23. If death was due to externel causes (VIOLENCE) fill In elso the following: |
| 16. BIRTHPLACE (city or town) Ole 2016 (State or country) | ent? | Accident, suicide, or homicide? |
| Clase of sporting 2 | meana. | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFDRMANT AM | Many Wary | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18 BURIAL, CREMATION, OR REMOVAL , | Mark Indi | Manner of injury |
| Place Dello Wislows Date | May 15, 1934 | Nature of injury |
| 19. UNDERTAKER M. Elispund M. | allingly | 24. Wes disease or Injury In any way related to occupetion of deceesed? |
| (Address) Leonarolle | mode filld | If so, specify |
| 20. FILED \$16 15 , 134 Dave | atein | (Signed) (Address) M. (|
| The many blanks of | Registrar. | (Address) And Os altrop, Mill. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago MALLOSS ALL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-----|---------|------------|----|-----------|
|------------------|-----|---------|------------|----|-----------|

DEATH

CAUSE OF important.

| | | state |
|-------------|----------------------------|--|
| M | | should ION is |
| | THIS IS A PERMANENT RECORD | GE should be stated EXACTLY. PHYSICIANS should state perly classified. Exact statement of OCCUPATION is very |
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| 11 | | |
| NL. | F | GE |

STATE OF MARYLAND 5224 PLACE OF DEATH CERTIFICATE OF DEATH

| Gounty J. | Registration Dist. No. |
|--|--|
| VIIIage or City Leassons. (No., 2FULL NAME Levis Cornella | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Avale Colore Colore (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) |
| (Month) (Day (Year) | that I last saw ham alive on May 1914 |
| J-4 yrs lendown ds OR min.? | and that death occurred on the date stated above, at |
| (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | (Duration) yrs. mos 2 os. Contributory Oslerio Scherosis Secondary |
| 10 NAME OF FATHER Cornelius of services 11 BIRTHPLACE OF FATHER (State or country) whenover . 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OT MO | (Signed) |
| of MOTHER Maria Layly. 13 BIRTHPLACE OF MOTHER (State or country) WARNOWN: 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rennick. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? former or usual residence. |
| (Address). Reamone III.) 15 Filed May 5 1934 Plan hed | 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL MONTH 1907 20 UNDERTAKER ADDRESS |

Hermanstille If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeeper's "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of.......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. emilia acid-quebally suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds., "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BEIRE ME

OCCUPA

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PHYSICIAN

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20. FILED J.

B

13. NAME FATHE 14. BIRTHPLACE (city or town) (Stata or country) MOTHER Heles 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNOERTAKER

rance

What tast confirmed diagnosis?.. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury______ 19 Where did Injury occur?__ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Mannar of injury Nature of Injury. 24. Was disaase or injury in any way ralated to occupetion of daceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nama of operation....

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| Example I | i | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| S. S | 9 | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

Was there an autopsy?_ 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of of importance were as | death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | HIN 2 7024 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephr | itis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | | July 5,1927 | Peritonitis | 3 days ago |
| | 01 | | | |
| | | | | |
| Other contributory cau | ises of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | Marie Ma | | | - |
| | | | | |

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TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

| 1. PLACE OF DEATH 2 | |
|--|--|
| County M. Mary | Registration Dist. No. 28 V |
| Village or City Hondseltown | No. St., Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?msds. |
| 1 2/1 | |
| 2. FULL NAME Correr Stensy Stens | Ward Ward |
| (a) Residence: No. (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 9R DIVORCED, (write the word) | 21. DATE OF DEATH Month (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Conna Murtle | 22. HEREBY CERTIFY, that I attended decreed from |
| 6. DATE OF BIRTH (month, day, and year) how 26 1858 | I last saw h. And alive on Many 11/19/3 V: death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 75 6 16 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| _ 8. Trade profession or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Cofferenc Interstitut |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | 1930 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year) occupation. | Mpsils |
| 8.01: -0 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | Crusial Actions 10 |
| 13. NAME John drove | |
| 14. BIRTHPLAGE (city or town) Salamose | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Tometof Columbia | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| Colate of country) | Where did injury occur?(Specify city of fown, county and State) |
| 17. INFORMANT (Address) (3.3 Season Law Marie Ma | Specify whether injury occurred in INOÚSTRY, in HOME, or in PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Ponnie Maglerellate / May 14, 1934 | Nature of injury |
| 19. UNDERTAKER TO CA MALTINIALES | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Launanthour Ma | If so, specify |
| 20, FILED 5715 134 Prenalin | (Signed) T. J. Glensoft J.M. D. |
| Projeture | (Address) 1 Ilmore all mon had |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| The principal cause of death and of importance were as follows: | Date of onset | principal cause of death and related causes mportance were as follows: |
|---|--|---|
| Attack of epilepsy | 1915 | riosclerosis |
| Run over by street car | 1921 | mie interstitial nephritis |
| Peritonitis | July 5,1927 | bral hemorrhage |
| | | JUN 2 1974 |
| Other contributory causes of impor | | er contributory causes of importance: |
| Gastroenteritis | May 1,1923 | stones |
| Gastroenteritis | May 1,1923 | stones |
| | of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of im | of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of im |

V. S. No. 1

| SIAIL OF MARYLAND— | CERTIFICATE OF DEATH 115228 |
|--|--|
| County It Mary | Registration Dist. No. 287 |
| Village or City Valley Lee | NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| 0// | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Clarence Lawrence | |
| (a) Residence: No(Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Black Sungle | 21. DATE OF DEATH May (Month) (Day) (Man) |
| 5e. If married, widowed, or divorced HUSBAND of | (1001) |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceesed from |
| 6. DATE OF RIRTH (month day and year) | May (, 1934 , to May , 1934 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. | to heve occurred on the date stated above, at 3. F.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| / /s/ D ormin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | Strangeleled Juguenal |
| 9. Industry or business in which | hisma 5/1/34 |
| work was dona, as SILK MILL, SAW MILL, BANK, etc | |
| 0 10. Data deceased last worked at this occupation (month and spant in this | |
| year) occupation | Other Coatributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Jalley Lee (State or country) | |
| 13. NAME linkyour | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (Stata or country) | What test confirmed diagnosis? Physical references there an europsy? Les |
| 15. MAIDEN NAME Catherine Lawrence 16. BIRTHPLACE (city or town) Valley dee (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) Valley Luc | Accident, suicide, or homicide? Date of Injury, 19 |
| E (State or country) | Where did injury occur? |
| 17. INFORMANT Walter Lawrence. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place St Georges Cemelog Date May 5, 1934 | Neture of injury |
| 19. UNDERTAKER Halten Lyminge (Address) Valley Lee, Ind | 24. Was disease or injury in eny way related to occupation of deceased? The |
| 20. FILED Play & 124 Pf Beam USA. Registrar. | (Signed) PD Brown M. D. (Address) Long Standard and |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | il | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| A ROKE | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

FOR BINDING

RGIN RESERVED

V. S. No. 1

| STATE OF MARYLAND | -CERTIFICATE OF DEATH 05239 |
|--|--|
| 1. PLACE OF DEATH | 7 (18) |
| County IP/140243 40 | Registration Dist. No. |
| Village or City Starting och | NoSt., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs | mosds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Permitia Lee. | |
| (a) Residence: No. | St., Ward, |
| (Usual place of abode) | . If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE. 5. SINGLE, MARRIED, WIDOWED. | MEDICAL CERTIFICATE OF DEATH |
| female black OR DIVORCED (write the word) | 21. DATE OF DEATH May (9), 193 47 (Year) |
| 86. If married, widowed, or divorced HUSBAND of Cor) WIFE of Harried Kempe Lee. | 22. HEREBY CERTIFY That I attended deceesed from |
| 6. DATE OF BIRTH (month, day, and year) 1872 May 2 | Mast saw h & alive on May 16 1984; death is said |
| 7. AGE Years Months Days If LESS than | |
| 62 /7 1 day,h | The PRINCIPAL CAUSE OF DEATH and related causes of importance weteras follows: |
| 9 Trade profession or postingly | Interstial Suphritis Bright |
| S. Hade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate decayed last worked at this occuration (months and | |
| 10. Oate deceased last worked at this occupation (month and year) occupation | |
| 12. BIRTHPLACE (city or town) The day of Manager Manag | Other Contributory Causes of importance: |
| 13. NAME Soul- Ruge | |
| 13. NAME 14. BIRTHPLACE (city or town) dowl Know (State or country) | Name of operation Date of Whet test confirmed diagnosis? |
| 15. MAIOEN NAME Ruther | What test confirmed diagnosis? Two full for the an autopsy? 23. If death wes due to external ceuses (VIOL ENCE) filt in also the following: |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT Joseph Lie (Address) Di huce ved | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Oate ,195 4 | Manner of Injury |
| 19. UNDERTAKER ESMEST Robinson (Addiess) Ding gove | 24. Was disease or injury in any way related to occupation of deceased? It also specify |
| 20. FILED May 19, 19.34 Mus. Edur E. Bire Registrar. | (Signed) Soun Ca. M.D. (Address) Lexnas Album Ma |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Ex | ample I | | 3 1 | Example II | |
|---|---------------------|-------|---------------|--|---------------|
| The principal cause of deat of importance were as follo | h and related daws: | auses | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | A MONE | 6934 | 1915 | Attack of epilepsy | 1 weck ago |
| Chronic interstitial nephritis | | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | THE FEET AND | · V. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes | of importance: | | | Other contributory causes of importance: | |
| Gallstones | | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | | |

| 1. PLACE OF DEATH | 107-0 |
|---|--|
| County It mary | Registration Dist. No. 28 V |
| Village or City Jeson Helleyswood | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsm | osds. How long in U.S. if of loreign birth? |
| 2. FULL NAME Many & Sorenie Master | incley |
| (a) Residence: No. Press Hullywood | High, Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| fruite while OR DIVORGED (write the word) | (Month) (Day) (Pear) |
| 5.1. If merried, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of fun & mollingles | May 12, 193 4, to May 17, 1934 |
| 6. DATE OF BIRTH (month, day, and year) Tray 27 1862 | I last saw h la alive on Mary 16 1,1934; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs | to have occurred on the date stated above, et |
| 8. Trade, profession, or particular | were es follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Men Thenmony may |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at | |
| 10. Date deceased last worked at 11. Total time (years) | |
| this occupetion (month and of 1994 spent in this occupation was | Ohn Codd to Constitute |
| 12. BIRTHPLACE (city or town) Sallimore | Other Coatributory Causes of importance: |
| (State or country) | |
| | |
| 14. BIRTHPLACE (city or town). Hagintown (State or country) | Name of operation Date of Date |
| 15. MAIDEN NAME ann Rebucy Welhers | 23. If death was due to external causes (VIOL ENCE) fill in elso the following: |
| 15. MAIDEN NAME Com Rebuce Wilhers 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Data of injury, 19 |
| (State of country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT SOLUTION (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner ol injury |
| Place of from Clouds Date May 1.8, 1934 | Nature of injury |
| 19. UNDERTAKER Home & Mallingly | 24. Wes disease or Injury In any way related to occupation of deceased? |
| (Addrass) Lynnal Marker Ju | If so, specify The Theorem 1 |
| 2D. FILEW 103 1 . 1934 Wallally Registrar. | (Signed) M. D. (Address) A Survey Aud |
| If more blanks are needed, address State Registrar | r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | b. | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 1 |
| | | | |

V. S. No. 1 N. B.—

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 3 |
| County St. Marys | Registration Dist. No. 282 |
| Village or City Vhlchemessul | NoSt., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? |
| 2. FULL NAME Baly Puherton | |
| | |
| (a) Residence: No. Y VICA. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Female While OR DIVORCED (write the word) | (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 2-9-1934 | , 19, 19, 19, 19 |
| 6. DATE OF BIRTH (month, day, and year) Way 28 - 143 / 7. AGE Years Months Days If LESS than | I last saw h alive on, 19; death is said |
| 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Xtellans |
| S. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | |
| SAW MILL, BANK, etc. | |
| - I shell till tills | |
| year) occupation | Other Contributary Causes of importance: |
| 12. BIRTHPLACE (city or town) many cond | |
| (State or country) | |
| 13. NAME martin Ternard Ulperton | |
| 14. BIRTHPLACE (city or town) many and | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Cara Olyabeth morgans 16. BIRTHPLACE (city or town) Day Com | 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| S = 1 = 0 -1 1 = | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Marling Culterton | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | |
| Place of Joseph. Date 5/2-8 1934 | Manner of injury |
| | Nature of injury. |
| 19. UNDERTAKER Mach Culherla (Address) mech and | 24. Was disease or injury in any way related to occupation of deceased? |
| Fl 2 0 211 00 | (Signed) Clayeus Welch M.D. |
| 20. FILED 1 8, 1934 Decealed Registrar. | (Address) Ohghla ml |
| | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago BUDEAL Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

m

| 1 _{PLAC} | CE OF | DEATH | | |
|-------------------|-------|-------|-----|----|
| County | 10. | mo | · · | 45 |
| | | | 1 | |

Village or City Chartolle Hace(No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 28

| St | W | ard) |
|----|-------|------|
| | | |

(If death occurred in a hospitel or institu-tion, give its NAME in-

| 2FULL NAME ho how St | illion Olater steed of street and number.) |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 22 1924 (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE Therefore the life LESS than I day hrs. mos. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Premaleur delivery |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrsmosds. |
| 9 BIRTHPLACE (State or country) bhulein House | Contributory Secondary (Durstion) |
| 10 NAME OF FATHER Robert E. Pholor | (Signed) Lovey & Propeler M. D. Maly 31 1924 (Address) Lovey Love ny |
| OF FATHER (State or country) Shoulden Has her | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Familie G. Laye | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathmosds. In the Stateyrsmosds. Where was disease contracted, |
| (Informant) Robert & Phelin | if not at place of death? |
| (Address) Ashalaile Hull | Proofe been a pres , 19 34 |
| 15 Filed May 3 1 1923 4 Vecen Begistrar | 20 UNDERTAKER Robert E. Plant - Bhardhalfall |

Robert & Plulen

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Recommendations on statement of cause of FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid etc. valvular heart The contributory Always qualify all Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 15233 |
|---|--|
| 1. PLACE OF DEATH Q | 93:00 |
| County of Mary | Registration Dist. Np. 28 v |
| | No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred yrsmos | ds. How long in U. S. if of foraign birth?yrsmosds. |
| 2. FULL NAME Communal Scribes | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Fear) |
| 5a. If married, widowad, or divorced HUSBANO of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Innhuser | I last saw h para aliva on Procest 182 1934; death is hald |
| 7. AGE Years Months Days if LESS than | to heva occurrad on the date statad above, et. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc. | acute Buyo condition they 18 |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date decaased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) of mary los | Dthar Contributary Causes of importance: |
| I 13. NAME Kroknown | |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. Distribution (State or country) | Name of operation Date of Was thara an autopsy? |
| 15. MAIDEN NAME fortyon | 23. If death was due to axternat causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME 15. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | Accident, suicida, or homicide? |
| 17. INFORMANT Tisches of Hammelt | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL Place Sacref Herr Completion Sucy 19. 193 V | Manner of Injury |
| 19. UNDERTAKER JOAN le Massin Clay | 24. Was disease or injury in any way related to occupation of deceased? |
| (Addrass) Gonas de Jones My | If so, specify |
| 20. FILED 9/19 134 Raine | (Signed) To Pelmovillon D. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUDEAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

-WRITE PLAINLY,

B ż STATE OF MARYLAND-CERTIFICATE OF DEATH

| PLACE OF DEATH | |
|---|--|
| County It Marys | Registration Dist. No. 287 |
| Village or City Great Mills Length of residence in city or town where death occurred | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| (1 /) a m2 | mosgs. How long in U.S. It of foreign birth?yrsmosds |
| FULL NAME Infant Jamey | |
| (a) Residence: No. (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEI OR DIVORCED Swrite the word | 21. DATE OF DEATH |
| married, widowed, or divorced | (Month) (Oay) (Yaar) |
| USBANO of or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| or) with the | may & 1934 to may & 1934 |
| TE OF BIRTH (month, day, and year) May 8/34 | I last saw bin Art will born 19 death is sein |
| Yaars Months Days If LESS the | |
| still born 1 day, | hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance |
| 3. Trade, profession, or particular | were as follows: Oate of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | P + 0 +1 |
|). Industry or business in which | Jesmalow Der M. 178/39 |
|). Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | (Counce unknown) |
|). Oate deceased last worked at 11. Total time (years) | |
| this occupation (month end spent in this year) occupation | |
| Ω . 1 .// | Other Contributory Causes of importanca: |
| (Stata or country) | |
| | |
| NAME Ernest Johnson | |
| . BIRTHPLACE (city or town) Allgurand | Name of operation Oete of |
| (State or country) | Whet test confirmed diegnosis? Was there an autopsy? A |
| MAIDEN NAME Ethel Joney | 23. If death wes due to external causes (VIOL ENCE) fill in also the following: |
| BIRTHPLACE (city or town). Drugden | Accident, suicide, or homicida?Oata of injury, 19 |
| (State or country) | Where did injury occur? |
| eff fre | (Specify city or town county and State) |
| (Address) and thills had | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| RIAL, CREMATION, OR REMOVAL | |
| Place Home, man great hills Date May 5 13 | Manner of injury |
| 49 11 | +- Neture of injury |
| OERTAKER J. Hayolin | 24. Was disease or injury in eny way ralated to occupation of decaased? |
| (Addrass) Great mills, had | If so, specify |
| ED May 8, 1934 Pf Regar Mo Local Registrar | (Signed) M. D (Address) Frat Milla, Mad |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SUREAL | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 05235 |
|--|--|
| 1. PLACE OF DEATH | (NS) |
| County A Marys | Registration Dist. No. 287 |
| Village or City Callaway | NoSt,Ward |
| Length of residence in city on town where deeth occurred | death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? |
| 2. FULL NAME Richard Thomas His | ble . |
| (a) Residence: No. Dr. Richard Lenner (Usual place of abode) | te stella ce Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIOOWED, | 21. DATE OF DEATH To Lash Lun on |
| male Thile make of | 11 Org 22, 1924, |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Oay) (Year) |
| (or) WIFE of Market | 22. I HEREBY CERTIFY that I attended deceased from |
| 6. DATE OF BIRTH (month, day, end year) June 23 1 19 07 | I lest saw harry 200 / 200 / death is said |
| 7. AGE Years Months Oays If LESS then | to have occurred on the date stated above, at |
| 26 11 29 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| Trade profession or particular | were as follows: |
| kind of work done, as SPINNER, Thurster, SAWYER, BOOKKEEPER, etc. | The state of the s |
| kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupations month and this companying month and this companying month and this companying month and the same manufacturers. | |
| SAW MILL, BANK, etc. | |
| 10. Oate deceased last worked at this occupation than dynamic and the first occupation occupation occupation occupation. | . / |
| Departure of the Control of the Cont | Other Coatributory Causes of Importence: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| | |
| II 13. NAME | Y |
| 13. NAME 14. BIRTHPLACE (city or town A James Sumuel Wible | Name of operation Oate of |
| C (State or country) | What test confirmed diagnosis? Les confirmed diagnosis? Les confirmed diagnosis? |
| 15. MAIDEN NAME Mary Waynes Thompson | 723. If death wes due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Hary land Thompson 16. BIRTHPLACE (city or town) 10 by who a Main | Accident, suicide, or homicide? Succeede Date of Injury Man 22,1934 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT (Adam (Adumbut)) le | Specify whether injuty occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | in uninhabited beron |
| Place Tradas Jose May 2/1937 | Manner of injury Hanging with a supel |
| 19. UNDERTAKER OSneah Robinson | 24. Was disease or injury In any way related to occupation of deceased? No. |
| (Address) Lameson Md | If so, specify |
| 20. FILEO May 24, 1936 Pf Bea had | (Signed) (Si |
| Arcal Registrar. | (Address) Lenoarditim + HO 1 |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| | | | |